

Case Number:	CM14-0130383		
Date Assigned:	08/20/2014	Date of Injury:	07/25/2003
Decision Date:	09/25/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female patient who reported an industrial injury to the back on 7/25/2003, over 11 years ago, attributed to the performance of her job tasks reported as a roller bag falling from an overhead compartment causing injury to her neck, left shoulder, upper back, left wrist, and hand the patient was treated with physical therapy, medications, injections/blocks, and surgical intervention. The treating diagnoses include chronic pain; nerve root and plexus disorders, brachial plexus lesion, lumbosacral plexus lesion; cervical root lesion; carpal tunnel syndrome; lesion of ulnar nerve; shoulder pain; thoracic and lumbar disc displacement; cervical disc degeneration; and adhesive capsulitis of the shoulder. The patient complained of neck and upper extremity pain. There were no objective findings documented on examination. The patient was prescribed Ambien, Lyrica, Ultram ER, Protonex, cyclobenzaprine and Celebrex. The treatment plan included 12 sessions of aquatic physical therapy directed to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Orthopedic Surgeon consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 page 127 and Official Disability Guidelines (ODG) Shoulder Chapter--impingement surgical intervention.

Decision rationale: The request for authorization of a consultation with an Orthopedic Surgeon 11 years after the DOI for the documented diagnoses, is not demonstrated to be medically necessary for the effects of the cited industrial injury. There are documented objective findings by the requesting provider to support the medical necessity of an orthopedic referral and treatment for the diagnoses documented of chronic neck and back pain. There are no objective findings on examination documented by the requesting physician to support the medical necessity of a referral to an orthopedic surgeon. There are no documented surgical lesions. There was no rationale supported with objective evidence to support the medical necessity of the referral for an evaluation and treatment by an orthopedic surgeon. There is no documented surgical lesion to the neck or back. There is no demonstrated medical necessity for the patient to be evaluated with Orthopedics for the back/neck, as there are no documented clinical changes to the cervical spine or shoulder to support the medical necessity of surgical intervention. The patient is not documented to have failed conservative treatment. There are no documented severe or disabling neck or back symptoms; significant activity limitations; and no imaging or electrodiagnostic evidence of a lesion that would benefit from surgical intervention; an unresolved radicular symptoms after the provision of conservative treatment. There is no demonstrated medical necessity for an orthopedic surgeon evaluation of the neck and back. The patient is being treated by pain management for pharmaceutical management. Therefore, the request of Orthopedic Surgeon consult is not medically necessary and appropriate.